Ballot Argument Control Sheet A

Control Sheet A must be submitted for every ballot argument, with required signatures and author information. If your argument has more than one author, you must also submit Control Sheet B with required signatures and information for all additional authors.

For an argument submitted on behalf of an organization, the "Individual" section must also be completed by a principal officer of the organization who must be a registered San Francisco

If an argument states that an individual or organization other than the author supports or opposes the ballot measure, or agrees with or endorses the argument, a completed and signed Consent Form is required.

Facilitate typesetting, and reduce the possibility of transcription error by sending an electronic 24 hours after submission to the Department at publications@sfgov.org.

Office Use Only AN FRANCISCO FHED 2866 AUG-17 PH 2: 17 Time/Date Stamp PAID YES pallot argument text within

| Section 1: Argument Inf | formation | The State of the S |
|--------------------------------|--------------------------------|--|
| Proposition Proponent Argument | Rebuttal to Proponent Argument | Paid Argument in Favor Paid Argument Against |
| Opponent Argument | Rebuttal to Opponent Argument | 1 ald Algument Against |

Section 2: Author Information

Mailing Address

Signature |

Declaration Related to Proponent and Opponent Arguments

I attest under the penalty of perjury that I am an Author of the Proponent Argument for Proposition ____ being submitted and that I am not a Non-supporter of this measure. A Non-supporter is defined as a person who, with respect to a measure:

- Is a treasurer, officer, or member of a committee that has made or plans to make expenditures in opposition to the measure;
- Has received or been promised any compensation or thing of value from such a committee to perform consulting services for that committee; or
- Has authorized their name or likeness to appear on campaign literature or in advertising that advocates for the defeat of the

I attest under the penalty of perjury that I am an Author of the Opponent Argument for Proposition _ being submitted and that I am not a Supporter of this measure. A Supporter is defined as a person who with respect to a measure:

- Is a treasurer, officer, or member of a committee that has made or plans to make expenditures in support of the measure;
- Has received or been promised any compensation or thing of value from such a committee to perform consulting services for that committee; or
- ar on campaign literature or in advertising that advocates for the adoption of the

| • | measure. | nell flame of likeliess | to appear on campaign | I literature of in advertising that daves | according adoption of the |
|---------|--|--|---------------------------|---|---------------------------------|
| Complet | e the following t | o indicate whether | the Author is an indivi | dual or an organization: | |
| Individ | dual (or principa | l officer of Organiza | ation) | | (I |
| Full Na | me (Print) | David | Campos | Title (If Applicable) | SF Democratic Party party chair |
| San Fr | ancisco Address | | | | |
| Signat | ure | | | | |
| Organ | ization (Entity) | (If selected, o | complete both the Indiv | vidual Author section and the Orga | nization Section) |
| Name | of Organization (F | Print) SF | Democratic | Party | |
| Who sh | hould be listed as | an Author for your C | rganization? | × <i>U</i> | |
| Only th | ne Organization | Both the | e Officer and the Organi | zation | |
| | k if the title or ide are signing as an | | for identification purpos | ses only, | |
| Signat | ture | | | | |
| | | er information | | ALL LANCE AND ALL AND A SHARE OF THE REAL PROPERTY. | CANADA SANTA |
| | | on who delivers the a ment will contact the | | materials to the Department. If there | is a question or issue with |
| Full Na | ame (Print) | Jasper Wi | 1 de | Phone | |

| | 4: Information for Paid Arguments | |
|--|---|--------------------------|
| | nents must include information about the true source of funds for the publication of the argument. It is also require | |
| | ether the true source of funds is a recipient committee. This information will be printed below the argument and in the Voter Information Pamphlet. | trie autrior |
| | source of funds for the printing fee of this argument: | |
| The same of the sa | an Francisco Labor Council | |
| Is the true | source of funds a recipient committee, as defined by CA Gov. Code §82013? | |
| Yes X | No | |
| | source(s) of funds is a recipient committee, list the three largest contributors below: | |
| 1. The second se | EIU 2015 EIU 1021 | |
| 3. L | FPTE Local 21 | |
| | 5: Argument Text | |
| that specific argument to | your argument will be printed exactly as submitted. Ensure that your argument meets the legal word limit. You not argument text be printed in bold, italic, or bold italic type. Type your argument with the desired formatting, or usext to be formatted and in the left column, mark "B" for bold, "I" for italics, or "BI" for bold italics. Other special for the left column in argument text. | nderline the rmatting is |
| Format B, /, BI | Keep Text Within the Vertical Lines | # of words |
| 0, 1, 01 | | per line |
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| | THE CAN EDAMOIS A THE STATE OF | |
| | THE SAN FRANCISCO DEMOCRATIC PARTY SUPPORTS PROP L | |
| | San Francisco economists are projecting that the pandemic will create a budget deficit of over two billion dollars. We need to make sure that our public hospitals | |
| | are able to hire nurses, doctors, and first responders so our hospitals aren't overwhelmed by COVID. | |
| | N Sa Children | |
| | We believe that corporations that can afford to pay their executives million-dollar salaries every year can afford to pay their fair share in taxes to help us recover. Over the last 30 years, executive salaries in the United States have skyrocketed | |
| | sy o to to but regular workers salaries have grown by just 11%. | |
| | This measure not only raises much-needed funds for our healthcare system, it also incentivizes companies to invest in their workers, not just their executives. Businesses can avoid the tax by paying their executives less or by simply raising their employees' wages. | |
| | JOIN YOUR FELLOW SF DEMOCRATS AND VOTE YES ON PROP L. | 34 |
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| | The San Francisco Democratic Party | |
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| | If handwritten information or a revision is unclear, Department staff will interpret the handwritten information | |
| | to the best of their abilities; this interpretation is final. | |
| | Total Word Count | 150 |

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|--|---------------------------|----------------|
| Total # of words= SO X \$2/word = SO | + \$200 publication fee = | Staff Initials |
| # of signatures submitted in lieu of publication fee | Receipt # | (2) |
| X \$0.50/signature | Check# | |
| Adjusted Fee Total | Amount Paid | |

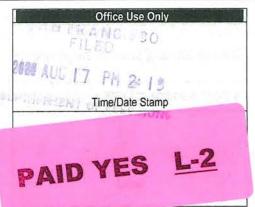
Ballot Argument Control Sheet A

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Signature



| Facilitate typesetting, and reduce the possibility of transcription error by sending an electronic copy of your ballot argument text within 24 hours after submission to the Department at publications@sfgov.org . |
|---|
| Section 1: Argument Information |
| Proposition Proponent Argument Rebuttal to Proponent Argument Paid Argument in Favor Opponent Argument Rebuttal to Opponent Argument Paid Argument Against |
| Section 2: Author Information Declaration Related to Proponent and Opponent Arguments |
| attest under the penalty of perjury that I am an Author of the Proponent Argument for Proposition being submitted and that I am not a Non-supporter of this measure. A Non-supporter is defined as a person who, with respect to a measure: |
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| Complete the following to indicate whether the Author is an individual or an organization: |
| Individual (or principal officer of Organization) |
| Full Name (Print) Mike Cascy Title (If Applicable) President |
| San Francisco Addre Signature Signature Operation (Entitle) X (It explosted, complete both the Individual Author section and the Organization Section) |
| Organization (Entity) (If selected, complete both the Individual Author section and the Organization Section) Name of Organization (Print) |
| Name of Organization (Print) SY Labor (o unci) Who should be listed as an Author for your Organization? |
| Only the Organization Both the Officer and the Organization |
| * Check if the title or identifying information is for identification purposes only, if you are signing as an individual and not of behalf of an organization. |
| Signature Signature |
| Section 3: Submitter Information |
| The submitter is the person who delivers the argument and supporting materials to the Department. If there is a question or issue with a submission, the Department will contact the submitter. |
| Full Name (Print) Jasper Wilde Phone |
| Mailing Address |

6

Section 4: Information for Paid Arguments

Paid arguments must include information about the true source of funds for the publication of the argument. It is also required to indicate whether the true source of funds is a recipient committee. This information will be printed below the argument and the author information in the Voter Information Pamphlet.

| The true source of funds for the printing fee of this argument | t: |
|---|---|
| Is the true source of funds a recipient committee, as defined | by CA Gov. Code §82013? |
| Yes No No If the true source(s) of funds is a recipient committee, list the 1. | e three largest contributors below: |
| 2. SEIY 1021 | |
| 3. IFPTE LOCAL 21 | |
| Section 5: Argument Text | France that your arrument mosts the legal word limit. You may request |
| hat specific argument text be printed in bold, italic, or bold ita argument text to be formatted and in the left column, mark "B | I. Ensure that your argument meets the legal word limit. You may request lic type. Type your argument with the desired formatting, or underline the "for bold, "I" for italics, or "BI" for bold italics. Other special formatting is |
| not permitted. Include author information in argument text. Format Keep Text V | Vithin the Vertical Lines |
| B, <i>I</i> , <i>BI</i> | words per line |
| THE SAN FRANCISCO LAB | OR COUNCIL SUPPORTS PROP L! |
| including healthcare workers | s tens of thousands of San Francisco workers and emergency and frontline workers. It's our ilies healthy and safe during medical emergencies. |
| next wave hits. Unfortunately | r and San Francisco needs to be ready when the budget projections call for 250 million dollars in olic Health over the next two years. And that's after and under-funded. |
| can afford to pay their fair sha | ord to pay their executives million-dollar salaries are in taxes to help us recover. |
| to hire nurses, doctors, first re | for a spike in the curve we'll need to pass Prop L sponders, and other healthcare workers. RKERS AND VOTE YES ON PROP L. |
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| The San Fr | ancisco Labor Council |
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| If handwritten information or a revision is unclear to the best of their abilities; this interpretation is | r, Department staff will interpret the handwritten information |
| to the best of their abilities, this interpretation is t | Total Word Count 134 |

| Total # of words=138 X \$2/word = 776 | + \$200 publication fee = 476 | Staff Initials |
|--|-------------------------------|----------------|
| # of signatures submitted in lieu of publication fee | Receipt # | 2 |
| X \$0.50/signature | Check# | 40 |
| Adjusted Fee Total | Amount Paid | |

Ballot Argument Control Sheet A

Control Sheet A must be submitted for every ballot argument, with required signatures and author information. If your argument has more than one author, you must also submit Control Sheet B with required signatures and information for all additional authors.

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Josper Wilde

Full Name (Print)

Mailing Address

Signature |

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| 24 hours after submission to the Department at publications@sfgov.org . |
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| Section 1: Argument Information |
| Proposition Proponent Argument Rebuttal to Proponent Argument Paid Argument in Favor Opponent Argument Rebuttal to Opponent Argument Paid Argument Against |
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| Complete the following to indicate whether the Author is an individual or an organization: Individual (or principal officer of Organization) |
| Full Name (Print) Gus Vallejo Title (If Applicable) President IFPT |
| Signature Signature |
| Organization (Entity) (If selected, complete both the Individual Author section and the Organization Section) |
| Name of Organization (Print) Local 2 / Who should be listed as an Author for your Organization? |
| Only the Organization Both the Officer and the Organization |
| * Check if the title or identifying information is for identification purposes only, if you are signing as an individual and not of behalf of an organization. |
| Signature Signat |
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Phone

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|---|--|---------------------|
| The true s | source of funds for the printing fee of this argument: | |
| Is the true | e source of funds a recipient committee, as defined by CA Gov. Code §82013? | |
| Yes | No Source(s) of funds is a recipient committee, list the three largest contributors below: | |
| 1. | source(s) of infinites is a recipient committee, list the three largest contributors below. | |
| 2. | | ^ |
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| The text of that specifi argument t | 5: Argument Text your argument will be printed exactly as submitted. Ensure that your argument meets the legal word limit. You recargument text be printed in bold, italic, or bold italic type. Type your argument with the desired formatting, or usext to be formatted and in the left column, mark "B" for bold, "I" for italics, or "BI" for bold italics. Other special for the local suther information in argument text. Keep Text Within the Vertical Lines | nderline the |
| _= 1=3 | HEALTHCARE WORKERS SUPPORTS PROP L! | |
| | This pandemic has given a renewed respect for the dedicated healthcare workers who fight everyday to limit the spread of COVID-19 and take care of those of us who have tested positive. We are not just nurses and doctors, but patient advocates, residents, and physical therapists. | |
| | The pandemic is far from over and San Francisco needs to be ready when the next wave hits. Unfortunately budget projections call for 250 million dollars in cuts to the Department of Public Health over the next two years. | |
| | Prop L - The Overpaid Executive Tax - is calculated to raise \$140 million dollars every year, allowing the City to hire hundreds of nurses, doctors, first responders, and other essential healthcare workers. CEOs making millions of dollars a year can pay their fair share to help get us back on track. | |
| | JOIN HEALTHCARE WORKERS AND VOTE YES ON PROP L | |
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| Total # of words= 136 X \$2/word = 276 | + \$200 publication fee = 476 | Staff Initials |
| # of signatures submitted in lieu of publication fee | Receipt # | 10 |
| X \$0.50/signature | Check # | X |
| Adjusted Fee Total | Amount Paid | 1 |

Total Word Count 134

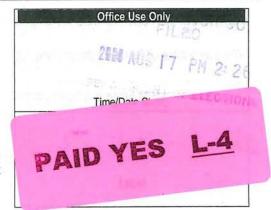
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| Proponent Argument Paid Argument in Favor |
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| Complete the following to indicate whether the Author is an individual or an organization: |
| Individual (or principal officer of Organization) |
| Full Name (Print) Gus Vallejo Title (If Applicable) President I FPTE |
| San Francisco Address (Where you are Registered) |
| |
| Signature Signature |
| |
| Organization (Entity) (If selected, complete both the Individual Author section and the Organization Section) |
| Organization (Entity) (If selected, complete both the Individual Author section and the Organization Section) |
| Organization (Entity) (If selected, complete both the Individual Author section and the Organization Section) Name of Organization (Print) Local 2 |
| Organization (Entity) (If selected, complete both the Individual Author section and the Organization Section) Name of Organization (Print) Local 2 / Who should be listed as an Author for your Organization? |
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| Organization (Entity) (If selected, complete both the Individual Author section and the Organization Section) Name of Organization (Print) |

| The true s | ource of funds for the printing fee of this argument: | |
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| le the true | source of funds a recipient committee, as defined by CA Gov. Code §82013? | |
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| Yes | No N | |
| 1. | source(s) of funds is a recipient committee, list the three largest contributors below. | |
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| 3. | | |
| | 5: Argument Text | |
| | your argument will be printed exactly as submitted. Ensure that your argument meets the legal word limit. You argument text be printed in bold, italic, or bold italic type. Type your argument with the desired formatting, or | |
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| ot permitte Format | ed. Include author information in argument text. Keep Text Within the Vertical Lines | # of |
| B, /, <i>BI</i> | | words |
| | | per line |
| | | |
| | ESSENTIAL WORKERS SUPPORTS PROP L! | |
| | We are healthcare, food service, public transportation and grocery store workers who have been on the front line of the pandemic. We often are not | |
| | provided the protective equipment to do our jobs safely. | |
| | San Francisco needs to help us be ready for when the next wave hits. | |
| | Unfortunately budget projections call for 250 million dollars in cuts to the Department of Public Health over the next two years. And that's after years of | |
| | being under-staffed and under-funded. | |
| | Big corporations who can afford to pay their executives million-dollar salaries | |
| | can afford to pay their fair share in taxes to help us recover. | |
| | If we're going to support essential workers we'll need to pass Prop L to hire nurses, doctors, first responders, and other healthcare workers. | |
| | JOIN ESSENTIAL WORKERS AND VOTE YES ON PROP L. | 8 |
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| | If handwritten information or a revision is unclear, Department staff will interpret the handwritten information | |
| | to the best of their abilities; this interpretation is final. | |

Section 4: Information for Paid Arguments

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| Total # of words= 134 X \$2/word = 268 | + \$200 publication fee = 46% | Staff Initials |
| # of signatures submitted in lieu of publication fee | Receipt # | 2 |
| X \$0.50/signature | Check# | M |
| Adjusted Fee Total | Amount Paid | |

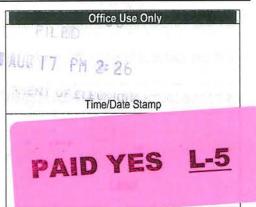
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Signature [



| 4 hours after submission to the Department at <u>publications@sfgov.org</u> . |
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| Full Name (Print) Gus Valleio Title (If Applicable) FPTE |
| · · · · · · · · · · · · · · · · · |
| San Francisco Address (Where you are Registered) |
| San Francisco Address (Where you are Registered) Signature |
| Signature Signature |
| Organization (En oth the Individual Author section and the Organization Section) |
| Signature Signature |
| Organization (En Oth the Individual Author section and the Organization Section) Name of Organization (Print) LOCAL 3 |
| Organization (En oth the Individual Author section and the Organization Section) Name of Organization (Print) LOCAL > Who should be listed as an Author for your Organization? |
| Organization (En Oth the Individual Author section and the Organization Section) Name of Organization (Print) Who should be listed as an Author for your Organization? Only the Organization Both the Officer and the Organization * Check if the title or identifying information is for identification purposes only, |
| Organization (En Name of Organization (Print) Who should be listed as an Author for your Organization? Only the Organization Both the Officer and the Organization * Check if the title or identifying information is for identification purposes only, if you are signing as an individual and not of behalf of an organization. |
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| Section 4 | 4: Information for Paid Arguments | |
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| The true s | ource of funds for the printing fee of this argument: | |
| Is the true | source of funds a recipient committee, as defined by CA Gov. Code §82013? | |
| Yes If the true | No No source(s) of funds is a recipient committee, list the three largest contributors below: | |
| | | |
| 1. 2. 3. | | |
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| Format B, /, B/ | Keep Text Within the Vertical Lines | # of words |
| B, I, BI | | per line |
| 1-1-1-1 | MENTAL HEALTHCARE WORKERS SUPPORT PROP L | |
| | As mental healthcare workers, we take care of our patients emotional and mental wellbeing. We are therapists, psychologists, and psychiatrists that care for people who seek out treatment. | |
| | The COVID 19 pandemic has caused understandable panic and stress in the majority of the population. San Francisco needs more mental healthcare workers, but the city is facing a budget deficit with significant cuts to the Department of Public Health. | |
| | Prop L will help fill in that gap by taxing businesses that pay their executives over 100 times that of their median employee salary. Big corporations that can afford to pay their executives million-dollar salaries can afford to pay their fair share in taxes so we can have a strong healthcare system. | |
| | MENTAL HEALTHCARE WORKERS URGE YOU TO VOTE YES ON L! | |
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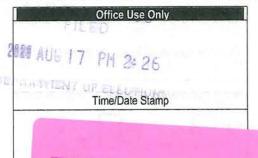
Ballot Argument Control Sheet A

Control Sheet A must be submitted for every ballot argument, with required signatures and author information. If your argument has more than one author, you must also submit Control Sheet B with required signatures and information for all additional authors.

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If an argument states that an individual or organization other than the author supports or opposes the ballot measure, or agrees with or endorses the argument, a completed and signed Consent Form is required.

Signature [



PAID YES L-6

| Section 4 | 4: Information for Paid Arguments ents must include information about the true source of funds for the publication of the argument. It is also requ | uired to |
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| ndicate who | ether the true source of funds is a recipient committee. This information will be printed below the argument and in the Voter Information Pamphlet. | d the author |
| The true s | ource of funds for the printing fee of this argument: Local | |
| Is the true | source of funds a recipient committee, as defined by CA Gov. Code §82013? | |
| Yes | No No | |
| | source(s) of funds is a recipient committee, list the three largest contributors below: | |
| 1. 2. 3. | | |
| | 5: Argument Text | W. T. T. |
| The text of your hat specific argument to | your argument will be printed exactly as submitted. Ensure that your argument meets the legal word limit. You argument text be printed in bold, italic, or bold italic type. Type your argument with the desired formatting, or ext to be formatted and in the left column, mark "B" for bold, "I" for italics, or "BI" for bold italics. Other special and in the left column, mark "B" for bold, "I" for italics, or "BI" for bold italics. Other special and in the left column, mark "B" for bold, "I" for italics, or "BI" for bold italics. | underline the |
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| 7. | | |
| | SF GENERAL HOSPITAL WORKERS SUPPORT PROP L | |
| | We are the workers at San Francisco's largest public hospital. And we are proud to be there for San Francisco families when they need us most. | |
| | Unfortunately understaffing and budget cuts have made our job more difficult. Now with the city budget deficit of over \$1.7 billion dollars, further cuts to staffing will make our jobs more dangerous and will decrease quality of care. | |
| | | |
| | Prop L - The Overpaid Executive Tax - is calculated to raise \$140 million dollars every year, allowing the City to hire hundreds of nurses, doctors, first responders, and other essential healthcare workers. | |
| = = | During the pandemic our workers have put their lives on the line to help San Francisco families. CEOs making millions of dollars a year can pay their fair share to help get us back on track. | ŧ |
| | JOIN THE WORKERS OF SAN FRANCISCO GENERAL HOSPITAL AND VOTE YES ON L | |
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Total Word Count

Ballot Argument Control Sheet A

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If an argument states that an individual or organization other than the author supports or opposes the ballot measure, or agrees with or endorses the argument, a completed and signed Consen Form is required.

Facilitate typesetting, and reduce the possibility of transcription error by sending an elect 24 hours after submission to the Department at publications@sfgov.org.

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Section 1: Argument Information Proposition ____ Paid Argument in Favor Proponent Argument Rebuttal to Proponent Argument Rebuttal to Opponent Argument Paid Argument Against Opponent Argument

Section 2: Author Information **Declaration Related to Proponent and Opponent Arguments**

I attest under the penalty of perjury that I am an Author of the Proponent Argument for Proposition ____ being submitted and that I am not a Non-supporter of this measure. A Non-supporter is defined as a person who, with respect to a measure:

- Is a treasurer, officer, or member of a committee that has made or plans to make expenditures in opposition to the measure;
- Has received or been promised any compensation or thing of value from such a committee to perform consulting services for that committee: or
- Has authorized their name or likeness to appear on campaign literature or in advertising that advocates for the defeat of the

I attest under the penalty of perjury that I am an Author of the Opponent Argument for Proposition _ being submitted and that I am not a Supporter of this measure. A Supporter is defined as a person who with respect to a measure:

- Is a treasurer, officer, or member of a committee that has made or plans to make expenditures in support of the measure;
- Has received or been promised any compensation or thing of value from such a committee to perform consulting services for that committee; or
- Has authorized their name or likeness to appear on campaign literature or in advertising that advocates for the adoption of the

measure. Complete the following to indicate whether the Author is an individual or an organization: Individual (or principal officer of Organization) Gus Vallero Title (If Applicable) President IFPTE Full Name (Print) San Francisco Addres Signature Organization (Entity) (If selected, complete both the Individual Author section and the Organization Section) Local Name of Organization (Print) Who should be listed as an Author for your Organization? Only the Organization | X Both the Officer and the Organization * Check if the title or identifying information is for identification purposes only, if you are signing as an individual and not of behalf of an organization. Signature

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The submitter is the person who delivers the argument and supporting materials to the Department. If there is a question or issue with a submission, the Department will contact the submitter.

| Full Name (Print) | Tasper | Wilde | |
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| s the true s | source of funds a recipient committee, as defined by CA Gov. Code §82013? | |
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| | ource(s) of funds is a recipient committee, list the three largest contributors below: | |
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| ection 5 | : Argument Text | RVICE |
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| | | |
| 1 | LAGUNA HONDA HOSPITAL WORKERS SUPPORT PROP L | |
| | We are the workers at Laguna Honda hospital where we specialize in | |
| 1 | rehabilitation and care for people with Alzhimers and Dementia. Older individuals are more likely to need hospitalization when they get sick with | |
| | COVID 19. | |
| - 1 | Unfortunately budget cuts have made our job more difficult. Now with the city | |
| | budget deficit of over \$1.7 billion dollars, further cuts to staffing will make our jobs more dangerous and will decrease quality of care. | |
| | Big corporations have made huge profits during this pandemic as have their top executives who make million-dollar salaries every year. They can afford to pay their fair share in taxes to help us recover. | |
| | To prepare for the next spike in the curve, we'll need to pass Prop L to hire nurses, doctors, and other healthcare workers. | |
| | JOIN THE WORKERS OF SAN FRANCISCO GENERAL HOSPITAL AND VOTE YES ON L | 1.00 |
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Section 4: Information for Paid Arguments

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Ballot Argument Control Sheet A

Control Sheet A must be submitted for every ballot argument, with required signatures and author information. If your argument has more than one author, you must also submit Control Sheet B with required signatures and information for all additional authors.

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Signature I

If an argument states that an individual or organization other than the author supports or opposes the ballot measure, or agrees with or endorses the argument, a completed and signed Consent Form is required.

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cilitate typesetting, and reduce the possibility of transcription error by sending an electronic 2

| 24 hours after submission | | | | in electronic copy or | your ballot 2.5 | |
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| Section 1: Argumer | nt Informati | on | | | | |
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| Proponent Argument | = | buttal to Proponent | 17/0 | 1 2. 1 | ment in Favor | |
| Opponent Argument | 1 | buttal to Opponent | Argument | Paid Argur | ment Against | |
| Section 2: Author In Declaration Related to P | | Opponent Argume | nts | | | |
| | of perjury that I | am an Author of the | Proponent Argum | ent for Proposition _ who, with respect to | being submitted and that a measure: | ſ |
| Has received or that committee; | een promised a | any compensation of | or thing of value from | such a committee to | es in opposition to the measure operform consulting services for the defeat of the | or |
| attest under the penalty on a Supporter of this me | of perjury that I asure. A Suppo | am an Author of the rter is defined as a | Opponent Argume person who with res | ent for Proposition _ pect to a measure: | being submitted and that I | am |
| Has received or that committee; | een promised a | any compensation of | or thing of value from | such a committee to | es in support of the measure; o perform consulting services for the adoption of | |
| Complete the following to | indicate whe | ther the Author is | an individual or an | organization: | | |
| Individual (or principa | officer of Org | anization) | | | | |
| Full Name (Print) | asha Cu | FHER | | Title (If Applie | cable) RN Chair | |
| San Francisco Address Signature Organization (Entity) | (If select | ed, complete both | the Individual Auth | nor section and the | e Organization Section) | |
| Name of Organization (P | | | 021 | | | |
| Who should be listed as Only the Organization | | our Organization? th the Officer and th | ne Organization | | | |
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| Signature | | | | | | |
| Section 3: Submitted The submitter is the person a submission, the Departre | n who delivers | the argument and s | upporting materials t | o the Department. If | f there is a question or issue w | ith |
| Full Name (Print) | | wilde | | Phone | | |
| Mailing Address | | | | | | |

Section 4: Information for Paid Arguments

Paid arguments must include information about the true source of funds for the publication of the argument. It is also required to indicate whether the true source of funds is a recipient committee. This information will be printed below the argument and the author information in the Voter Information Pamphlet.

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| San Francisco Labor C | ouncil |
|---|-----------------------------------|
| Is the true source of funds a recipient committee, as defined by | by CA Gov. Code §82013? |
| Yes No III If the true source(s) of funds is a recipient committee, list the t | three largest contributors below: |

1. SEIU 2015

1021 2. SEIL

3. LFPTE Local 21

Section 5: Argument Text

| at / | Keep Text Within the Vertical Lines | # of words per lin |
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| | NURSES SUPPORTS PROP L! | |
| | As nurses, we've been on the forefront of the COVID-19 pandemic for almost a year working to keep everyone safe and suppress this virus. | |
| | The pandemic is far from over and San Francisco needs to be ready when the next wave hits. Unfortunately budget projections call for 250 million dollars in cuts to the Department of Public Health over the next two years. And that's after years of already being under-staffed and under-funded. | |
| | Big corporations have made huge profits during this pandemic as have their top executives who make million-dollar salaries every year. They can afford to pay their fair share in taxes to help us recover. | - |
| | If we're going to be prepared for a spike in the curve, we'll need to pass Prop L to hire nurses, doctors, first responders, and other healthcare workers. | |
| | JOIN NURSES AND VOTE YES ON PROP L | |
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| | SEIU Local 1021 | |
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Mailing Address

Signature |

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| Section 1: Argument | Information | CHANGE TOWN | |
| Proposition Proponent Argument Opponent Argument | Rebuttal to Proponent Arg | | Paid Argument in Favor |
| Section 2: Author Info | | | |
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| l attest under the penalty of pam not a Non-supporter of the | perjury that I am an Author of the Prois measure. A Non-supporter is def | oponent Argument for Proined as a person who, with | oposition <u>L</u> being submitted and that I respect to a measure: |
| Has received or been that committee; or Has authorized their measure. | en promised any compensation or the rname or likeness to appear on can | ing of value from such a co | expenditures in opposition to the measure; ommittee to perform consulting services for rtising that advocates for the defeat of the |
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| Has received or been that committee; or Has authorized their measure. | en promised any compensation or the rname or likeness to appear on can | ing of value from such a compaign literature or in adve | expenditures in support of the measure; ommittee to perform consulting services for ertising that advocates for the adoption of the |
| 1.00 E | ndicate whether the Author is an | individual or an organiza | tion: |
| Full Name (Print) San Francisco Add | fficer of Organization) | Tit | tle (If Applicable) ZN Chair |
| Signature Signature | | | |
| Organization (Entity) | | | on and the Organization Section) |
| Name of Organization (Prin Who should be listed as an | t) SEIN Local 10 Author for your Organization? | 21 | |
| Only the Organization | Both the Officer and the C | Organization | |
| | ying information is for identification prior vidual and not of behalf of an organ | | |
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| Section 3: Submitter The submitter is the person value a submission, the Department | who delivers the argument and supp | orting materials to the Dep | partment. If there is a question or issue with |
| Full Name (Print) | sper Wilde | Р | Phone |

| | 1: Information for Paid Arguments | |
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| indicate who | ents must include information about the true source of funds for the publication of the argument. It is also require the true source of funds is a recipient committee. This information will be printed below the argument and in the Voter Information Pamphlet. | |
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| | en Francisco Labor Council | |
| Is the true | source of funds a recipient committee, as defined by CA Gov. Code §82013? | |
| Yes X | No No Source(s) of funds is a recipient committee, list the three largest contributors below: | |
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| The text of y that specific argument te | 5: Argument Text /our argument will be printed exactly as submitted. Ensure that your argument meets the legal word limit. You reargument text be printed in bold, italic, or bold italic type. Type your argument with the desired formatting, or unaxt to be formatted and in the left column, mark "B" for bold, "I" for italics, or "BI" for bold italics. Other special for the column in argument text. | nderline the |
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| | SOCIAL WORKERS SUPPORT PROP L | |
| | As social workers, we help working class families, foster kids, healthcare | |
| | workers and crisis care workers. We see just how hard this pandemic has been for working class people during the economic recession. | |
| | | |
| | | |
| | While everyday people are struggling to make rent and pay bills, CEOs and other top executives have been making millions of dollars during the pandemic. Income inequality has grown even greater as the wealthiest members of society | |
| | take more and more of the profits for themselves. Prop L - The Overpaid Executive Tax - will ensure that CEOs making millions of | 1 |
| | dollars a year pay their fair share back to our communities. With the revenue from this tax, the City will hire hundreds of nurses, doctors, first responders, and other essential healthcare workers to help the working people of San Francisco. | |
| | JOIN SOCIAL WORKERS AND VOTE YES ON L | |
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Mailing Address

Signature [

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| Facilitate typesetting, and reduce the possibility of transcription error by sending an electron. Your ballot argument text within 24 hours after submission to the Department at publications@sfgov.org . |
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| Section 1: Argument Information |
| Proposition Proponent Argument |
| And the control of th |
| Section 2: Author Information Declaration Related to Proponent and Opponent Arguments |
| attest under the penalty of perjury that I am an Author of the Proponent Argument for Proposition being submitted and that I am not a Non-supporter of this measure. A Non-supporter is defined as a person who, with respect to a measure: |
| Is a treasurer, officer, or member of a committee that has made or plans to make expenditures in opposition to the measure; Has received or been promised any compensation or thing of value from such a committee to perform consulting services for that committee; or Has authorized their name or likeness to appear on campaign literature or in advertising that advocates for the defeat of the |
| measure. attest under the penalty of perjury that I am an Author of the Opponent Argument for Proposition being submitted and that I am not a Supporter of this measure. A Supporter is defined as a person who with respect to a measure: |
| Is a treasurer, officer, or member of a committee that has made or plans to make expenditures in support of the measure; Has received or been promised any compensation or thing of value from such a committee to perform consulting services for that committee; or Has authorized their name or likeness to appear on campaign literature or in advertising that advocates for the adoption of the measure. |
| Complete the following to indicate whether the Author is an individual or an organization: |
| Individual (or principal officer of Organization) |
| Full Name (Print) SASHA CUTTLER Title (If Applicable) RN Chair |
| San Francisco Address Signature |
| Organization (Entity) (If selected, complete both the Individual Author section and the Organization Section) |
| Name of Organization (Print) SEIN Local 1021 Who should be listed as an Author for your Organization? |
| Only the Organization Both the Officer and the Organization |
| * Check if the title or identifying information is for identification purposes only, if you are signing as an individual and not of behalf of an organization. |
| Signature Signature |
| Section 3: Submitter Information The submitter is the person who delivers the argument and supporting materials to the Department. If there is a question or issue with a submission, the Department will contact the submitter. |
| Full Name (Print) Tasper Wilde Phone |



Section 4: Information for Paid Arguments

Paid arguments must include information about the true source of funds for the publication of the argument. It is also required to indicate whether the true source of funds is a recipient committee. This information will be printed below the argument and the author information in the Voter Information Pamphlet.

| | ource of funds for the printing fee of this argument: | | |
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| | n Francisco Labor Council | | |
| Is the true | source of funds a recipient committee, as defined by CA Gov. Code §82013? | | |
| Yes X | No | | |
| | cource(s) of funds is a recipient committee, list the three largest contributors below: | | |
| | EIM 2015 | | |
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| The text of | our argument will be printed exactly as submitted. Ensure that your argument meets the | e legal word limit. You r | nay request |
| hat specific | argument text be printed in bold, italic, or bold italic type. Type your argument with the d | lesired formatting, or u | nderline the |
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| | ER WORKERS SUPPORT PROP L | | |
| | Emergency Rooms are often the place people turn to when they have no | | |
| | insurance or can't wait to see their regular doctor. We are the workers that take care of you and your loved ones in their most desperate time of need. | | |
| | | | |
| | The COVID 19 pandemic puts even more stress on our healthcare system. Emergency Rooms have been overflowing with COVID 19 cases without the | | |
| | necessary funding we need to keep up. | | |
| | Prop L is calculated to raise 140 million dollars every year which will allow the | | |
| | city to hire more healthcare workers and purchase medical equipment to prepare for another spike in the curve. Big corporations that can afford to pay | | |
| | their executives million-dollar salaries can afford to pay their fair share in taxes | | |
| | so we can have a strong healthcare system. | | |
| | JOIN SAN FRANCISCO ER WORKERS AND VOTE YES ON L | | |
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| Adjusted Fee Total | Amount Paid | |

Ballot Argument Control Sheet A

Control Sheet A must be submitted for every ballot argument, with required signatures and author information. If your argument has more than one author, you must also submit Control Sheet B with required signatures and information for all additional authors.

For an argument submitted on behalf of an organization, the "Individual" section must also be completed by a principal officer of the organization who must be a registered San Francisco voter.

If an argument states that an individual or organization other than the author supports or opposes the ballot measure, or agrees with or endorses the argument, a completed and signed Consent Form is required.

Signature |

Office Use Only

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Time/Date Stamp

PAID YES L-11

| Facilitate typesetting, and reduce the pos 24 hours after submission to the Departm | | ling an electronic cop |
|---|---|--|
| Section 1: Argument Informati | on | 是你的人,我们也是不是不是不是一个人, |
| · · · = | ebuttal to Proponent Argument buttal to Opponent Argument | Paid Argument in Favor Against |
| Section 2: Author Information | On a part Assuments | n till priktigered for solvenstid for |
| Declaration Related to Proponent and attest under the penalty of perjury that I am not a Non-supporter of this measure. | am an Author of the Proponent Ar | gument for Proposition being submitted and that I erson who, with respect to a measure: |
| Is a treasurer, officer, or membe Has received or been promised that committee; or | r of a committee that has made or pany compensation or thing of value | plans to make expenditures in opposition to the measure; from such a committee to perform consulting services for |
| Has authorized their name or lik measure. | eness to appear on campaign litera | ture or in advertising that advocates for the defeat of the |
| attest under the penalty of perjury that I not a Supporter of this measure. A Supporter | | |
| Has received or been promised that committee; or | any compensation or thing of value | plans to make expenditures in support of the measure; from such a committee to perform consulting services for ture or in advertising that advocates for the adoption of the |
| Complete the following to indicate whe | ther the Author is an individual of | or an organization: |
| Individual (or principal officer of Org | | * |
| Full Name (Print) Sasha Co | uttler | Title (If Applicable) RN Chair |
| San Francisco Address Signature | | |
| Organization (Entity) (If select | ed, complete both the Individual | Author section and the Organization Section) |
| Name of Organization (Print) SEII Who should be listed as an Author for y | 1 Local 1021 our Organization? | 3: |
| Only the Organization Bo | oth the Officer and the Organization | |
| * Check if the title or identifying informatifyou are signing as an individual and n | | ly, |
| Signature Signature | | |
| Section 3: Submitter imorman | | rigle to the Department. If there is a question or issue with |
| The submitter is the person who delivers a submission, the Department will contact | 그리다 그리다 그리다 그는 그리다 하는 것이 되었다면 하는데 | rials to the Department. If there is a question or issue with |
| Full Name (Print) Jasper | Wilde | Phone |
| Mailing Address | | |
| | | |

Section 4: Information for Paid Arguments

Paid arguments must include information about the true source of funds for the publication of the argument. It is also required to indicate whether the true source of funds is a recipient committee. This information will be printed below the argument and the author information in the Voter Information Pamphlet.

| The true so | ource of funds for the printing fee of this argument: San Francisco Labor Conncil | |
|---|---|-------------------|
| Is the true | source of funds a recipient committee, as defined by CA Gov. Code §82013? | |
| Yes If the true: 1. S 2. SE | No Source(s) of funds is a recipient committee, list the three largest contributors below: | |
| | 5: Argument Text | 13803 |
| he text of y hat specific argument te | your argument will be printed exactly as submitted. Ensure that your argument meets the legal word limit. You me c argument text be printed in bold, italic, or bold italic type. Type your argument with the desired formatting, or un ext to be formatted and in the left column, mark "B" for bold, "I" for italics, or "BI" for bold italics. Other special for | derline the |
| Format | ed. Include author information in argument text. Keep Text Within the Vertical Lines | # of |
| B, /, <i>BI</i> | | words per line |
| - 23 | | |
| | 911 DISPATCHERS SUPPORT PROP L | |
| | 911 dispatchers are often the first line of defense during times of crisis. We're there for your families when you need us the most and we're dedicated to making sure that you have someone on the phone with you as help arrives. | |
| d | Our entire healthcare system is being put under extreme stress by the COVID 19 pandemic which has no end in sight. We need to be prepared for a spike in the curve, and that means having the funding to hire the frontline, essential workers our medical system needs. | |
| | Prop L only applies to corporations that pay their CEOs 100 times more than their average workers. Big corporations that can afford to pay their executives million-dollar salaries can afford to pay their fair share in taxes so we can have a strong healthcare system. | |
| | JOIN SAN FRANCISCO 911 DISPATCHERS AND VOTE YES ON L | e |
| , | SEIU Local 1021 | - |
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| n lag | If handwritten information or a revision is unclear, Department staff will interpret the handwritten information | |
| | to the best of their abilities; this interpretation is final. Total Word Count | 107 |
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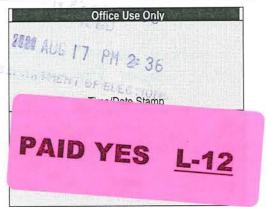
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|------------------------|--------------------------------|-------------------------------|----------------|--|
| Total # of words= | X \$2/word = Z94 | + \$200 publication fee = 494 | Staff Initials | |
| # of signatures submit | ted in lieu of publication fee | Receipt# | | |
| X \$0.50/signature | | Check# | | |
| Adjusted Fee Total | | Amount Paid | | |

Ballot Argument Control Sheet A

Control Sheet A must be submitted for every ballot argument, with required signatures and author information. If your argument has more than one author, you must also submit Control Sheet B with required signatures and information for all additional authors.

For an argument submitted on behalf of an organization, the "Individual" section must also be completed by a principal officer of the organization who must be a registered San Francisco voter.

If an argument states that an individual or organization other than the author supports or opposes the ballot measure, or agrees with or endorses the argument, a completed and signed Consent Form is required.



Facilitate typesetting, and reduce the possibility of transcription error by sending an electronic copy of your ballot argument text within 24 hours after submission to the Department at publications@sfgov.org.

| Section 1: Argument Info | ormation | 经产品的 医多种性 医神经 医神经 医神经病 |
|---|--|---|
| Proposition L | | |
| Proponent Argument | Rebuttal to Proponent Argument | Paid Argument in Favor |
| Opponent Argument | Rebuttal to Opponent Argument | Paid Argument Against |
| Section 2: Author Inform | | |
| Declaration Related to Propone | and the second of the state of the second of | hoing submitted and that I |
| am not a Non-supporter of this m | easure. A Non-supporter is defined as a pe | |
| Has received or been pre that committee; or | romised any compensation or thing of value | lans to make expenditures in opposition to the measure; from such a committee to perform consulting services for ure or in advertising that advocates for the defeat of the |
| I attest under the penalty of perjunot a Supporter of this measure. | ry that I am an Author of the Opponent Arg A Supporter is defined as a person who with | ument for Proposition being submitted and that I am respect to a measure: |
| Has received or been put that committee; or | romised any compensation or thing of value | lans to make expenditures in support of the measure; from such a committee to perform consulting services for ure or in advertising that advocates for the adoption of the |
| Complete the following to indic | ate whether the Author is an individual o | r an organization: |
| Individual (or principal office | r of Organization) | ON Chair |
| Full Name (Print) 5 A S H | A CUTTLER | Title (If Applicable) SZIU Local 102 |
| San Francisco Addres Signature Organization (Entity) | If selected, complete both the Individual | Author section and the Organization Section) |
| Name of Organization (Print) Who should be listed as an Aut | SEIU Local 1021 hor for your Organization? | |
| Only the Organization | Both the Officer and the Organization | |
| | information is for identification purposes onl all and not of behalf of an organization. | y, |
| Signature | | |
| Section 3: Submitter in | Ulliation | ials to the Department If there is a question or issue with |
| The submitter is the person who a submission, the Department w | | ials to the Department. If there is a question or issue with |
| | sper Wilde | Phone |
| Mailing Address | | |
| Signature | | |

Section 4: Information for Paid Arguments

Paid arguments must include information about the true source of funds for the publication of the argument. It is also required to indicate whether the true source of funds is a recipient committee. This information will be printed below the argument and the author information in the Notice Information Parablet. information in the Voter Information Pamphlet.

| The true source of funds for the printing fee of this argument: |
|---|
| San Francisco Labor Council |
| Is the true source of funds a recipient committee, as defined by CA Gov. Code §82013? |
| Yes No No |
| If the true source(s) of funds is a recipient committee, list the three largest contributors below: |
| 1. SEIN 2015 |
| 2. SEIU 1021 |
| 3. LEPTE local 21 |
| Section 5: Argument Text |
| The text of your argument will be printed exactly as submitted. Ensure that your argument meets the legal word limit. You may request |

| | Keep Text | Within the Vertical Lines — | | → # we pe |
|----|---|---|--|-----------------|
| | CRISIS CARE WORKERS | SUPPORT PROP L | | |
| | violetit situations in emerge | are on the frontlines of de-escalati ncy rooms, shelters and our stree assionate during high levels of str | te Me know how | c |
| | The pandemic has increase is facing a budget deficit wh crisis. | d the need for more crisis care we ich will hurt working people even | orkers, but the city more during this | |
| | executives at large corporati | ve financially benefited during this ions. By passing Prop L overpaid ow the City to hire hundreds of nuntial healthcare workers. | evecutives will | |
| | San Francisco needs to prepass Prop L. | pare for the next wave of COVID 1 | 9 cases. We must | |
| | CRISIS CARE WORKERS L | JRGE YOU TO VOTE YES ON L! | | |
| SE | EIU Local | 1021 | | |
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|-------------------------|--------------------------------|---------------------------|----|----------------|
| Total # of words= | X \$2/word = 774 | + \$200 publication fee = | 74 | Staff Initials |
| # of signatures submitt | ted in lieu of publication fee | Receipt # | - | _ |
| X \$0.50/signature | and the same | Check# | | |
| Adjusted Fee Total | | Amount Paid | | , , |